KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT DIVISION OF ENVIRONMENT BUREAU OF WASTE MANAGEMENT TOPEKA, KS 66612-1366

For Permit to Construct, Alter, or Operate a Solid Waste Disposal Area

PUBLIC ENTITY DISCLOSURE STATEMENT

PART I. IDENTIFICATION DATA

Kegio	nal Au	hority. (If not, go to #3)			
(a). Is	s the pu	blic entity named in Iten	ı #1:		
		Regional compact for	the management of	of solid waste? □	Designated city, pursuant to an interlocal agreement?
		Other cooperative (de	escribe)		
(b).	Whe	n was the regional author	rity established? (d	late of agreement)	
(c).	List	all parties to the regional	compact or interlo	ocal agreement:	
				-	
Addre	ess. Sta	te the current address of	the public entity.		
	er and	Street:			
Numb					
		County		State	Zip Code
City_					Zip Code

<u>Name</u>	Address	<u>Position</u>	Term of Office	
Var. Ea	l	Dunasi da dha fallass	in a information object all	key employees of the public entity.
Nev cu	nproyees.* I	Provide tile follow	mg miormanon about an	key employees of the bublic entity.
·				
*Name	:		Date Hired	Position
*Name			Date Hired	
*Name	Address		Date Hired	Position
*Name Work A *Name	Address		Date HiredDate Hired	PositionSoc.Sec.No
*Name Work A *Name Work A	Address		Date HiredDate Hired	Position
*Name Work A *Name Work A *Name	AddressAddress		Date HiredDate Hired	PositionSoc.Sec.No
*Name Work A *Name Work A *Name Work A	AddressAddress		Date HiredDate HiredDate Hired	Position Soc.Sec.No. Position Soc.Sec.No. Position Position

Governing Officials. Provide the following information about elected officials of the public entity. (For a regional

4.

^{*&}quot;Key employee" means any person employed by a solid waste permit applicant in a supervisory capacity with respect to the solid waste operations of the business concern in Kansas or empowered to make discretionary decisions with respect to those operations. The term shall not include employees exclusively engaged in the physical or mechanical collection, transportation, treatment, storage, or disposal or solid waste.

Address	Type of	Facility	EPA Facility I.D. No. (if any
Former Facilitie	es. List all locations at which	the public entity formerly owned or	operated any solid
	ement facility.*	the paone entity formerly owned or	operated any sond
Address	Type of Facility	In Use From (year) To (year)	EPA Facility I.D. N
	PART II. EXP	ERIENCE AND CREDENTIALS	
		ERIENCE AND CREDENTIALS icants must complete this section.	
Business Conce	All permit appl	icants must complete this section.	ern in the collection.
	All permit appl	icants must complete this section. and credentials of the business conce	ern in the collection,
	All permit applern. Describe the experience a	icants must complete this section. and credentials of the business conce	ern in the collection,
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^{*}Solid waste management facility includes any location or facility where solid waste is treated, stored, or disposed of; transfer stations; terminals or business offices of collector/haulers or transporter operations; sanitary landfills; dumps; etc. Any solid waste management activities which are no longer permitted or were never under permit are included.

PART III. LICENSES AND PERMITS HELD

All permit applicants must complete this section.

9.

9.	Kansas License or Permit. Provide the following information about the Kansas Department of Health and Environment or United States Environmental Protection Agency solid waste license or permit ever held by the public entity.					
	*Name Held Under	Type of License	e/Permit			
	Facility Location	Held Fro	om (yr) To (yr)			
	Facility Type	Issuing Agency	Reg. No./EPA ID			
	*Name Held Under	Type of License	e/Permit			
	Facility Location Held From (yr) To (yr)					
	Facility Type	Issuing Agency	Reg. No./EPA ID			
	*Name Held UnderType of License/Permit					
	Facility Location	Held Fro	om (yr) To (yr)			
	Facility Type	Issuing Agency	Reg. No./EPA ID			
10.	administrative actions including P Deny or Revoke issued to you wit alleged violation of any laws or re	enalties, Notices of Prosecution, A hin the past ten (10) years by any s gulations pertaining to protection of	reign Countries. List and explain any dministrative Orders or Notices of Intent to tate, federal, local or foreign government for the of the environment other than a motor vehicle or al cases, federal cases, case in other states, case			
	*Name of Entity Cited	Type of Violation	Date Issued			
	Nature of Alleged ViolationLocation of Alleged Violation					
	EPA/DOT Doc. No. (if any)	Disposition/Explanation	n Date Issued			
	*Name of Entity Cited	Type of Violation	Date Issued			
	Nature of Alleged Violation	Location of	Alleged Violation			
	EPA/DOT Doc. No. (if any)	Disposition/Explanation	Date Issued			
	*Name of Entity Cited	Type of Violation	Date Issued			
	Nature of Alleged Violation	Location of	Alleged Violation			
	EPA/DOT Doc No (if any)	Disposition/Explanation	1			

*Title of Case	Docket No	Court
Court Location	Disposition/Explanat	ion _Court
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Court Location	Disposition/Explanat	ionCourt
*Title of Case	Docket No	Court
Court Location	Disposition/Explanat	ion
	IV. CRIMINAL PROCES	
	Il permit applicants must comple	ete this section.
Convictions. List and explain a director, partner, or holder of mo	ore that five percent (5%) of the	ss concern or against any key employee, office equity in the business concern, for any crime plations committed in Kansas or any other sta
Convictions. List and explain as director, partner, or holder of modisorderly persons offense invol	ore that five percent (5%) of the	
Convictions. List and explain a director, partner, or holder of mo	ore that five percent (5%) of the	equity in the business concern, for any crime
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13.	Affidavit of Author.			
	I hereby certify that I am the person Disclosure Statement as an agent of			the attached Business Concern
	I further certify that as an officer of authority to sign and submit this a best of my knowledge.			
Public	Entity Name	Signa	ture of Officer or Authorized	Representative
	Subscribed and sworn to before m	e this	day of	20
	My Commission expires			
	SEAL		Notary Public	
14.	Certifications. This Public Entity officials of the Public Entity. *Counties: Chairman of the Coun*Regional Authority: Chairmen Commissions of I hereby certify that I have examin information contained herein is fall if the foregoing statement made by	nty Commission of County Comming all member cities ed the attached Property to the best of the commission of the country to the best of the commission of the country to th	issions of all member count es. ublic Entity Disclosure Stat my knowledge. I am aware	ties; Chairmen of City ement and that no statement or
	Date	Signature		
		Type or Pri	nt Name and Title	_
	Date	Signature		
		Type or Pri	nt Name and Title	_
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		Type or Pri	nt Name and Title	
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	Date	Signature		
		Type or Pri	nt Name and Title	

IMPORTANT: THIS DOCUMENT WILL NOT BE CONSIDERED UNLESS COMPLETED IN FULL AND SIGNED